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**INCOME**  
**Attach W-2s/1099s here / Place check on W-2s/1099s.**

TAX COMPUTATION	35. ADJUSTED GROSS INCOME: (From Line 34, Columns A and B, Page NR1). .... 35		A YOUR INCOME		B SPOUSE INCOME STATUS 4 ONLY																																										
	36. If you qualify for the Low Income Tax Table, enter zero (0) on Line 36A and 36B. If not then: Enter } • <input type="checkbox"/> <b>Itemized Deductions</b> . See Itemized Deduction Schedule, Line 28, the larger } OR of your: } <input type="checkbox"/> <b>Standard Deductions</b> . See Standard Deduction instructions, Line 36. .... 36 •																																														
	37. NET TAXABLE INCOME: (Subtract Line 36 from Line 35). .... 37 •																																														
	38. Select tax table: (Enter tax from table). .... 38																																														
	• <input type="checkbox"/> <b>LOW INCOME</b> Table 1 <input type="checkbox"/> <b>REGULAR</b> Table 2    • <input type="checkbox"/> <b>AR1000DGW</b>																																														
TAX CREDITS	39. Tax: (Enter totals from Lines 38A and 38B). .... 39																																														
	40. Enter tax from Lump Sum Distribution averaging schedule: (Attach AR1000TD). .... 40 •																																														
	41. IRA and qualified plan withdrawal and overpayment penalties: (Attach Federal Form 5329 if required). .... 41 •																																														
	42. <b>TOTAL TAX:</b> (Add Lines 39, 40 and 41). .... 42 •																																														
	43. Personal Tax Credit(s): (Enter total from Line 7D, page NR1). .... 43 •																																														
APPORTIONMENTS	44. Working Taxpayer Credit: (See Instructions. Attach AR1328). .... 44 •																																														
	45. State Political Contributions credit: (Attach schedule). .... 45 •																																														
	46. Other State tax credit(s): [Attach copy of other State return(s) ]. .... 46 •																																														
	47. Child care credit(s): (Attach Federal Form 2441 or 1040A, 20% of Federal credit allowed). .... 47 •																																														
	48. Credit for adoption expenses: (Attach Federal Form 8839, 20% of Federal credit allowed). .... 48 •																																														
PAYMENTS	49. Business and Incentive Tax Credits: (Attach schedule and certificate). .... 49 •																																														
	50. <b>TOTAL CREDITS:</b> (Add Lines 43 through 49). .... 50 •																																														
	51. <b>NET TAX:</b> (Subtract Line 50 from Line 42. If Line 50 is greater than Line 42, enter 0). .... 51 •																																														
	51A. Enter the amount from Line 34, column C. .... 51A																																														
	51B. Enter the total amount from Line 34, columns A and B. .... 51B •																																														
REFUND OR TAX DUE	51C. Divide Line 51A by 51B. (See Instructions). .... 51C •																																														
	51D. <b>APPORTIONED TAX LIABILITY:</b> (Multiply Line 51 by Line 51C). .... 51D •																																														
	52. Arkansas Income Tax withheld: (Attach State copies of W-2s). .... 52 •																																														
	53. Estimated tax paid or credit brought forward from last year: .... 53 •																																														
	54. Payments made with extension: (See Instructions). .... 54 •																																														
PLEASE SIGN HERE	55. Early childhood program: Certification No.: (Attach Fed. Form 2441 or 1040A, Certification Form AR1000EC, 20% of Fed. credit allowed). .... 55 •																																														
	56. <b>TOTAL PAYMENTS:</b> (Add Lines 52 through 55). .... 56 •																																														
	57. <b>AMOUNT OF OVERPAYMENT/REFUND:</b> (If Line 56 is greater than Line 51D, enter difference). .... 57 •																																														
	58. Amount to be applied to 1999 estimated tax: .... 58 •																																														
	59. Amount to be contributed to the AR Disaster Relief Fund: 59 •																																														
PAID PREPARER	60. Amount to be contributed to U.S. Olympic Fund: .....60 •																																														
	61. <b>AMOUNT TO BE REFUNDED TO YOU:</b> (Subtract Lines 58, 59, and 60 from Line 57). .... <b>REFUND</b> 61 •																																														
	62. <b>AMOUNT DUE:</b> [If Line 56 is less than Line 51D, enter difference. (If over \$250.00, see Instructions)]. .... <b>TAX DUE</b> 62 •																																														
	62A. Attach Form AR2210: ..... Exception 62A •    Penalty 62B •																																														
	62C. <b>Please attach your check for payment in full and include your Social Security Number and the amount for tax due and/or penalty.</b> ..... <b>TOTAL DUE</b> 62 C •																																														
63. Source of income not subject to Arkansas tax: (Memorandum only).																																															
<b>PLEASE SIGN HERE</b> Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.																																															
<table><tr><td>Your Signature</td><td>Occupation</td><td>Date</td></tr><tr><td>Spouse's Signature</td><td>Occupation</td><td>Date</td></tr></table>						Your Signature	Occupation	Date	Spouse's Signature	Occupation	Date																																				
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<table><tr><td>Paid Preparer's Signature:</td><td>ID Number / Social Security Number:</td><td colspan="4"><b>FOR DEPARTMENT USE ONLY</b></td></tr><tr><td></td><td>•</td><td>A</td><td></td><td>•</td><td></td></tr><tr><td>Name:</td><td>City / State / ZIP:</td><td>B •</td><td></td><td></td><td></td></tr><tr><td>Address:</td><td>Telephone:</td><td>C •</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>D •</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>E •</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>F •</td><td></td><td></td><td></td></tr></table>						Paid Preparer's Signature:	ID Number / Social Security Number:	<b>FOR DEPARTMENT USE ONLY</b>					•	A		•		Name:	City / State / ZIP:	B •				Address:	Telephone:	C •						D •						E •						F •			
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<b>Mailing Information</b>		Mail <b>REFUND</b> returns to: DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000. Mail <b>TAX DUE</b> returns to: DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144. Mail <b>NO TAX DUE</b> returns to: DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026.																																													